

(Print or Type)



Date \_\_\_\_\_

Permit #

Owner's \_\_\_\_\_

Name \_\_\_\_\_

Type of Occupancy:

New 

Renovation ☐Replacement ☐

## FIXTURES

## Plans

Submitted: Yes ☐ No ☐[illegible]

(Print or Type)

**Check One:**

## Certificate

Installing Company Name \_\_\_\_\_

☐ Corp. \_\_\_\_\_

Address \_\_\_\_\_

☐ Partnership \_\_\_\_\_

☐ Firm/ Company \_\_\_\_\_

Business Telephone \_\_\_\_\_

Name of Licensed Plumber or Gasfitter

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.

I have informed the owner or his agent that I do not have liability insurance including completed operations coverage.

Signature of Owner, Agent

I have a current liability insurance policy to include completed operations coverage. ☐

By \_\_\_\_\_

Title \_\_\_\_\_

City/Town \_\_\_\_\_

**APPROVED (OFFICE USE ONLY)**

Signature of Licensed Plumber

Type of Plumbing License

☐ Master    ☐ Journeyman

License Number